

Arizona Department of Health Services Office for Children with Special Health Care Needs Children's Rehabilitative Services Administration	Effective Date: 02/02/2007
SUBJECT: General Administration	SECTION: GA 1.1

SUBTITLE: CRSA Annual Administrative Review Process

POLICY:

It is the policy of Children's Rehabilitative Services Administration (CRSA) to review the operational and financial performance of the Children's Rehabilitative Services (CRS) Regional Contractors on an annual basis.

STANDARD:

CRSA will create a standardized Annual Administrative Review Tool to be used during annual site visits.

PROCEDURES:

- 1) Areas of Review:
The Annual Administrative Review is a focused review encompassing the following areas:
 - a) Cultural Competency;
 - b) Clinical Services;
 - c) Financial Management;
 - d) Financial Operations;
 - e) Grievances System;
 - f) Recipient Services;
 - g) Network Sufficiency;
 - h) Provider Selection;
 - i) Quality Management; and
 - j) Utilization Management.
- 2) Administrative Review Tool:
 - a) Using the Annual Administrative Review Tool, the CRSA Review Team reviews documents, interviews CRS Regional Contractor staff, and drafts a report summarizing the review findings, comments, and recommendations. The tool itself contains standards from the review areas identified above and provides the basis for assessing CRS Regional Contractor performance.
 - b) The final report also contains a brief summary about the CRS Regional Contractor, including the geographic service areas (GSAs) it serves, the length of its contract with the Arizona Department of Health Service (ADHS)/CRSA, and the total CRS enrollment at the time of review.

- 3) Administrative Review Preparation:
 - a) The reviews usually last one to three days depending on the size and location of the CRS Regional Contractor.
 - b) Prior to each review, the Review Team will meet to discuss the Contractor being reviewed. This briefing provides the Review Team with an overview of the Contractor, a summary of previous findings, and notification of relevant staff changes. Members of the Review Team are also responsible for sharing information about the Contractor from their respective areas.
 - c) After on-site, the Review Team conducts interviews with the respective review areas. To maximize the effectiveness of the review process, the CRSA may limit the number of Contractor staff attending interviews.
 - d) The CRSA Team Leader shall act as the liaison with the Contractor staff if additional documents or clarifications are required prior to the interview. Team members should bring to the interview documents about which there are questions.
- 4) Travel:

Travel arrangements to and from the on-site review will be the responsibility of the individual CRSA Review Team members participating in the review.
- 5) Review Team Consistency:

All CRSA divisions, to the best of their ability, should maintain consistency in the staff participating in each review. Compliance with standards should be measured in a consistent manner.
- 6) Review Team Coordinated Response:

It is important that reviewers having parts of common processes coordinate their responses. For instance, the Claims section may inquire about the Contractor's payment of interest on claims disputes that were overturned. The Grievance System area may ask the same question. Some documentation may, in some instances, show conflicting scores. Only Claims and Grievance Systems coordination will resolve the apparent conflict.
- 7) Goals of the Annual Administrative Review:
 - a) Perform CRS Regional Contractor oversight as required by the Arizona Health Care Cost Containment System (AHCCCS);
 - b) Determine if the CRS Regional Contractor satisfactorily meets ADHS/CRSA and AHCCCS requirements as specified in the contract, CRS Regional Contractors Policy and Procedure Manual, and A.A.C. R9-7-101 to R9-7-705;
 - c) Determine if the CRS Regional Contractor is in compliance with its own policies and to evaluate the effectiveness of those policies and procedures;
 - d) Increase CRSA's knowledge of the CRS Regional Contractor's operational and financial procedures;
 - e) Provide technical assistance and identify areas where improvements can be made as well as identifying areas of noteworthy performance and accomplishments; and

- f) Provide information to an External Quality Review Organization for its use as described in 42 C.F.R. § 438.364.
- 8) Pre-Administrative Review Activities for the Team Leader(s):
 - a) The CRS Contract Administrator will serve as the Team Leader and liaison between the Contractor and CRSA on issues concerning the administrative review for all operational and informational issues;
 - b) All requests from the Contractor to change the date of the administrative review are to be referred to the CRSA Contract Administrators;
 - c) Approximately four weeks prior to the Annual Administrative Review, distribute draft schedule to the Review Team members with a reminder to review the Contractor's corrective action plan (CAP) from previous administrative review;
 - d) The Team Leader will make the arrangements for and conduct the pre-review meeting;
 - e) Fax and mail the advanced packet 3 weeks before the review. The advanced packet includes:
 - i) "Here we come letter,"
 - ii) Documentation list is divided into two parts (A and B). Document List "A" is a list of pre-review documents. Document List "B" is a list of the documents that are to be available for the on-site phase of the administrative review;
 - iii) Preliminary schedule for the Contractor to complete; and
 - iv) A request for a draft schedule and pre-review documentation (due to CRSA within 10 calendar days from the fax and letter date).
 - f) On the following workday, e-mail the information that was sent to the attention of the CEO/Administrator.
 - g) Approximately one week later, a set of the administrative review standards only (no findings or comments) is to be mailed and faxed or e-mailed to the Contractor.
 - h) Approximately 2 weeks prior to the review, hold the Review Team pre-meeting. This is a chance to discuss basic Contractor facts and to distribute:
 - i) Final Annual Administrative Review schedule;
 - ii) Directions to the Contractor site, transportation issues, and hotel arrangements if traveling out of town;
 - iii) Contractor's organizational chart;
 - iv) Logistical information about space for document review, copying of documents, and requests for additional information; and
 - v) Post review report requirements.
 - i) When information pertaining to the review is received, it is the Team Leader's responsibility to ensure that the material is sent to all appropriate team members in a timely manner.
- 9) On-site Portion of the Administrative Review:
 - a) The Contractor should have all documents requested in the "Here we come letter" ready and available for review by the Administrative Review Team. The materials should be easily identified and arranged for easy access;

- b) Upon arrival, the Team Leader will be shown the document review rooms and briefed on the materials available. The Team Leader will also make arrangements for copies, if needed. The Team Leader will also give the Contractor team lead the names of the Contractor staff who will be interviewed during the observations. In addition, the Contractor lead will be given the listings of any additional files that may need to be pulled for review;
 - c) There will normally be two document review rooms. It generally works well for the clinical team to have one and the operations team to have the other. A third room is where the interviews should be conducted;
 - d) The rooms are to be left clean and orderly at the end of each workday;
 - e) No interviews are to be conducted outside the time scheduled for the interview. If additional time is required, the Team Leader is to be contacted to schedule the time and location;
 - f) The members of the review team should not meet (or discuss the administrative review, at any time) with the Contractor staff outside of the workday;
 - g) The members of the review team are not to discuss the administrative review report findings during the on-site visit. This is because the findings in one area may affect the findings in other areas of the review;
 - h) It is unacceptable to extend the review team's on-site workday beyond the regular workday of the Contractor.
- 10) Completing Annual Administrative Review Report:
See Attachment A, "Instructions for Completing Administrative Review Report."
- 11) Completing Corrective Action Plans:
See Attachment B, "Instructions for Corrective Action Plans."

Approved:  CRSA Administrator	Date: <u>2/7/07</u>
The Primary Position of Responsibility for this policy is the Office for Children with Special Health Care Needs. Users are encouraged to suggest improvements regarding this policy and procedure.	

INSTRUCTIONS FOR COMPLETING ANNUAL ADMINISTRATIVE REVIEW REPORT

1. Do not alter the established format of the report, including the numbering of standards/sub-standards. Results must be directly entered into the tool on file in the system. Do not export from or import files into the existing Administrative Review files.
2. There should be no bolding, underlining, larger font, or italicizing in the tool/report unless this is part of a title, name, or prior approved by the Team Leader.
3. The "Finding(s)," "Documents Reviewed," "Comments," "Recommendation(s)," and "Executive Summary" font is Arial 12, not bolded.
4. Spell check the completed tool and then read the edited version for correct word usage, i.e., their/there, know/no, etc. The tool should be edited and corrected for both content and format.
5. When using the words "contractor" to refer to the CRS Regional Contractor being reviewed, capitalize "Contractor."
6. The rules for capitalization apply to the completion of the tool/report. Examples of words that will not be capitalized unless they begin a sentence or are the proper names of particular items or are a specific title are; provider manual, member handbook, policies and procedures, staff interviewed, provider(s), newsletter(s), member roster, complaint log, survey, new member letter, audit tool, etc.
7. Do not use contractions of words, i.e., can't, isn't, and shouldn't.
8. Numbers in "Finding(s)" will be presented as a numeral (i.e., 1, 17, 37, etc.) and will not be bolded, underlined, or in a larger font. This may require the writer to remove underlines.
9. Numbers in the "Comment(s)" and "Recommendation(s)" are written out if the number is "ten" or less (one, two, three, four, five, six, seven, eight, nine, and ten), except when the "ten" or less number is used in a sentence with a larger than "ten" number (i.e., 3 out of 11 reports were completed).
10. All sentences should be complete sentences.
11. Compose a brief summary and performance assessment, one to five sentences, of the areas you reviewed for inclusion in the "Executive Summary." This should not be a repeat of the "Comment(s)" and "Recommendation(s)" but a synopsis of how the area you reviewed is doing, both good and bad. Recommendations should not be presented here.
12. If the established finding(s) for a standard does not apply to the Contractor being reviewed, make a note why it does not apply in the comment section for that standard. The Team Leader will decide if the finding should be altered to reflect the comment, if the finding should be deleted or if the finding and comment will remain in the report.
13. In the "Comment(s)" section the reviewer should further explain the findings, more to

the point of what was found to support compliance with the standard as well as what was not found that lead to the scoring of less than full compliance.

14. "Recommendation(s)" should document for the Contractor actions that must be or should be taken to reach full compliance or those that should be considered to strengthen the process being reviewed.
15. If there are no comments or recommendations, indicate this next to the "Comment(s)" or "Recommendation(s)" by the word "None" (capitalize the "N" only, no period).
16. Do not start a "Recommendation" with "The Review Team. . ."
17. The beginning phrases for "Recommendations" are:

The Contractor must. . . . This indicates a critical non-compliance area that must be corrected as soon as possible to be in compliance with the CRSA contract.

The Contractor should. . . . This indicates a non-compliance area that must be corrected to be in compliance with the CRSA contract but it is not critical to the every day operations of the Contractor.

The Contractor should consider. . . . This is a suggestion by the Review Team to improve operations of the Contractor, although it is not directly related to contract compliance. There should be a minimal number of these recommendations.

18. If a recommendation is repeated from the previous year's review, the following statement should be placed in the comment section for that standard, "This recommendation was made at the time of the last review."
19. Rate each sub-standard or standard when there are no sub-standards in one of the following categories (this will be bolded);

Full Compliance {90-100% agreement with Standard & Sub-standard(s)}

Substantial Compliance {75-89% agreement with Standard & Sub-standard(s)}

Partial Compliance {50-74% agreement with Standard & Sub-standard(s)}

Non-Compliance {0-49% agreement with Standard & Sub-standard(s)}

Not Applicable This standard does not apply to the Contractor and/or the standard/sub-standard is not a contractual requirement and/or there have been no instances in which the requirement applied. The findings should be deleted if the standard is N/A.

20. The scoring methodology should be explained within findings. If the score for a particular standard can be calculated in more than one way, please explain how the scoring was obtained and delete the description of the other scoring options.
21. The tool/report for each division should be submitted to the Team Leader within 5 working days of the last day of the Contractor review. It is critical that deadlines are met.

22. The person leading the interview should obtain the names and titles of the Contractor staff being interviewed (see attached sign-in sheet) and submit the original sheet with the draft report to the Team Leader. The person leading the interview is also responsible for typing the names and titles of the Contractor staff in the introduction section of the report, under "Contractor Staff." If the individual is an R.N., M.D., etc. this should also be noted.
23. Members from the Review Team should substantiate all findings, comments, and recommendations for each standard. Team members are responsible for any supporting documentation or notes from the review. The CRSA will retain these items and the final report. The Review Team may reference these materials as necessary.
24. If members of the Review Team have questions about their tool/report, they should consult the Team Leader.
25. Confidentiality is a big concern among the competing CRS Regional Contractors. Because the report is public information, do not disclose any proprietary information (including, but not limited to, strategic plans, marketing plans, financial reports, etc.) in the report submitted to the Team Leader.
26. Contractors sometimes fail to provide documentation during the review period. Be sure to note this omission whenever it occurs. If the Contractor submits documentation after the review, notify the Team Leader. Failure to provide documentation usually constitutes non-compliance; however, late submissions may be used to demonstrate compliance with a standard or sub-standard. Be sure to collaborate with the Team Leader before changing any ratings.
27. If at any time the review reveals an item or items requiring immediate attention from the Contractor, the Division Chief of the functional area should arrange for a letter of notification, cure letter, or other appropriate document to be sent to the Contractor under review.
28. After final review approval from the Contract Administrator and Division Chiefs the initial draft of the Annual Administrative Review Report is sent to the Contractor approximately 6 to 12 weeks following the end of the review.
29. A copy of Annual Administrative Review final scores is sent to AHCCCS, Department of Health Care Management.

INSTRUCTIONS FOR CORRECTIVE ACTION PLANS

1. CRS Regional Contractors are given two weeks to make challenges and provide supporting documentation to CRSA after they have received the initial draft of their Annual Administrative Review Report.
2. The CRSA Team Leader will distribute a copy of the pertinent Administrative Review challenges to members of the Review Team for review.
3. Review Team members have two weeks to review the CRS Regional Contractor's challenges and supporting documentation and report the acceptance or rejection of each challenge to the Team Leader. The Team Leader will write CRSA's response to the CRS Regional Contractor's challenges. The CRS Regional Contractor will be notified within three weeks from receipt of the comments if additional changes are made to the report.
4. Contractors are required to submit a Corrective Action Plan (CAP) for each recommendation on the Administrative Review Report that is identified as a contract compliance issue within two weeks of receipt of their letter regarding challenges (seven weeks after receiving the initial draft report).
5. If the CRS Regional Contractor does not challenge any of the findings, the CAP is due to the CRSA (Team Leader) within four weeks of the date that it is sent to the Contractor.
6. When the Team Leader receives the CAP he/she will check to see if the CAP is complete and includes the steps to bring the Contractor into compliance, dates for achieving each step, and the name of the individual(s) responsible for completing the task.
7. Members of the Review Team will be provided a copy of the pertinent part of the CAP to review.
8. Review Team members must provide their comments and recommendations regarding the CAP to the responsible Team Leader within three weeks. The Team Leader will notify the Contractor of the acceptance or rejection of each CAP.
9. If the CAP requires amendments the Contractor will be required to make the changes and resubmit the CAP to the CRSA within two weeks.
10. If the CAP is still unacceptable, CRSA will notify the Contractor of the deficiencies and direct them to the department concerned with those particular CAPs for further action.
11. These should be customized for each CRSA Division's use:
 - Each CRSA division will review the CAP on a regular, periodic basis decided by the Division Chief.
 - Any significant variation from the Contractor's CAP and actual accomplishments will be documented to the Division Chief. The Division Chief will send a follow-up letter to the Contractor, if necessary.